

# **ALASKA**

## **Trauma Care Fund**

### **FY 13**



## **Trauma System Development Application**



**STATE OF ALASKA TRAUMA CARE FUND**  
*for*  
**TRAUMA SYSTEM DEVELOPMENT**  
**Guidelines for Applications**  
**State Fiscal Year 2013**  
**01 July 2012 – 30 June 2013**

## **I. INTRODUCTION/OVERVIEW**

The Trauma Care Fund (House Bill 168) was signed into law by Governor Sean Parnell June 21, 2010 in response to the Trauma System Consultation for the State of Alaska in 2008. Recommendations were described in the American College of Surgeons Committee on Trauma (ACS-COT) Consultative Report 2008, and supported by the Alaska Trauma System Review Committee (TSRC) with clear direction and purpose to: sustain existing trauma centers; support the development of new trauma centers; and develop a statewide trauma system. The Trauma Care Fund was created to be distributed by the Department of Health & Social Services for prescribed purposes and an application and review process has been developed to allow the Trauma System Review Committee (TSRC) to prioritize funding recommendations to the Commissioner's office, which has the final authority for funding allocations.

The fund was established to assist those facilities who achieved designated trauma status in offsetting the costs of providing optimal care to seriously injured Alaskans. Since passage of this bill, there has been a robust response from Alaska's 24 acute care facilities for designation status. It is projected that by SFY13, Alaska will have tripled its number of designated trauma centers. The need for additional trauma centers is imperative as only 55.2% of the state's population is currently within 60 minutes of a Level I or II trauma center (Level I trauma center being Harborview Medical Center in Washington), and statistically patients have up to a 25% lower risk of mortality when taken to a designated trauma center.

The State of Alaska Department of Health & Social Services is the lead agency which informs and educates state, regional, and local constituencies and policy makers to foster collaboration and cooperation for trauma system enhancement. Statewide, it is the goal of the Department to closely link trauma, public health, EMS, and emergency preparedness systems. The Department supports the standardization of trauma patient care and implementation of evidenced-based guidelines through the development of the Alaska Trauma System. This system mitigates the challenges of the discontinuous and variable trauma care currently in practice at non designated facilities.

A trauma system is defined as an organized, pre-planned approach to caring for the severely injured patient, facilitating optimal outcomes. It includes a continuum of care: injury prevention, emergency medical services, rural hospitals and clinics, hospital-based trauma centers, and rehabilitation. Implementation of evidenced based guidelines through development of the trauma system provides a standard set of trauma protocols for rural and urban trauma systems to activate a trauma response and provide systemized care. Coordinated trauma care systems are critical to saving lives.

Alaska continues to have the second highest trauma mortality in the nation, and continues to be the only state in the nation that does not follow the CDC/trauma triage criteria for the triage and treatment of critically injured trauma patients. These shortcomings contributed to the National Report Card on the State of Emergency Medicine (2009) to give Alaska a "D" grade with an "F" grade in disaster preparedness.

Essential to the development of a trauma care system is the designation of definitive care facilities. The trauma care system is a network of definitive care facilities that provides a spectrum of care for all injured patients. Trauma care systems represent a continuum of integrated care that is a coordinated effort between out-of-hospital and hospital providers with close cooperation of medical specialists in each phase of care. The most effective method of reducing the morbidity, mortality, and costs due to injuries is to focus on injury prevention, coordination of acute care, and aggressive rehabilitation. Ideally, trauma care systems are designed to be inclusive of all injuries. Patients with time critical injuries should have their needs matched to an appropriate trauma care facility using out-of-hospital triage criteria developed by the CDC and the American College of Surgeons Committee on Trauma. There are currently one Level II trauma Center and seven Level IV Trauma Centers in Alaska.

Many trauma systems use a combination of levels of designated trauma centers that coexist with other acute care facilities. However, the trauma care system must establish trauma facility standards. These standards have been based on the guidelines established by the American College of Surgeons *Resources for the Optimal Care of the Injured Patient*. Designated trauma centers are one component of a trauma care system. Appropriate care must be provided along a continuum that includes prevention, pre-hospital, acute care facilities, trauma centers, and rehabilitation.

## **II. FUNDING FOCUS AND GUIDELINES**

- A. Applicants for funding must address how proposed projects will provide support to trauma system development in Alaska that is in alignment with the State's regulations (7AAC 26.710-7 AAC 26.750).
- B. A designated trauma center must be designated to its fullest extent during the SFY in which they are applying or provide documentation of a scheduled verification review by their facility's expiration date.
- C. A designated trauma center must maintain its **full designation** for the entire fiscal year to receive funding.
- D. The required end-of-year report must be submitted prior to receiving funding.
- E. Guidelines for funding will be in accordance with 7 AAC 26.750.

The ultimate goal in providing funding to designated trauma centers is to provide financial support that will further facilitate excellence in patient care.

The disbursement plan of the Trauma Care Fund is reviewed and updated annually and is solely based on the amount available in the fund, distributed equally among the number of participating facilities based on their designation level and as per AS 18.08.085(e).

The annual funding distribution recommendation by the Alaska Trauma System Review Committee is as follows:

Designated Level II Facilities: up to \$750,000  
Designated Level III Facilities: up to \$350,000  
Designated Level IV Facilities: up to \$100,000  
Designated Level V\* Facilities: up to \$50,000

\*It is anticipated with the adoption of updated State Regulations, that a Level V designation will become available in SFY13 in which case the state will be prepared to open the application and funding process to support those facilities upon approval from the Department.

Each hospital that received Trauma Designation in SFY12 is required to submit an annual report with budget for SFY12 Trauma Care Fund activities. A separate budget for SFY13 Trauma Care Fund activities will be required as outlined in Section III.

**Payment distributions per the above are as follows:**

**SFY12:** Hospitals which were designated before June 30, 2012 will receive 100% of SFY12 funding available within the 1<sup>st</sup> quarter of SFY13. Trauma Care Fund applications for SFY12 are due COB Friday, June 29, 2012. The award date is anticipated within the 1<sup>st</sup> quarter of SFY13.

**SFY13:** All SFY13 designated facilities will receive 100% of the funding available by the completion of deliverables by June 30, 2013. The award date is anticipated prior to or within the 1<sup>st</sup> quarter of SFY14. Trauma Care Fund applications for existing trauma centers during SFY13 are due COB Friday, June 29, 2012.

Applications from newly designated trauma centers during SFY13 will be accepted throughout the year through COB Friday, May 18, 2013. The application will be available to download for submission on the State website: <http://www.hss.state.ak.us/dph/emergency/trauma/designation.htm>

### **III. ACCOUNTABILITY**

This document describes the required process for eligible trauma system development projects to receive funding for State Fiscal Year 2013. Funding will be issued through a separate Alaska Trauma Care Fund Cooperative Agreement between each approved facility and the Alaska Department of Health & Social Services.

All SFY13 funded entities must initially propose project deliverables which will be completed by June 30<sup>th</sup>, 2013. Funded agencies that will not complete the proposed project deliverables by June 30<sup>th</sup>, 2013 must submit a written request to the Trauma System Review Committee to re-allocate funds into the next fiscal year detailing the reason for non-completion and new expected completion date. The Trauma Unit must receive this request by March 1, 2013. The Trauma Unit Manager will then present the request to the Committee at their next regularly scheduled meeting. However, if the Cooperative Agreement deliverables are incomplete and the Trauma Unit does not receive a request for an amended completion date, the Committee may recommend to the Department the return of the funds.

Applicants are required to submit documentation of the project's activities or its completion by submitting bi-annual reports and/or other documents as required by the Cooperative Agreement in a format designated by the DHSS Division of Public Health (DPH).

A request for the return of funds may occur if the agreement deliverables are not met. Trauma Center verification must be maintained through the funding period as specified in the Cooperative Agreement and per 7 AAC 26.750. It will be the responsibility of the applicant to submit the bi-annual reports to the Trauma System Review Committee through the State of Alaska DPH/Trauma Unit. The Trauma Program Manager shall provide performance reports to the Department and the TSRC to ensure accountability and to maintain an informed membership.

### **IV. ELIGIBLE COSTS**

All proposed costs for SFY13 will receive *prior approval* through the application process from the Trauma System Review Committee and the Department under regulation 7AAC 26.750. For those facilities that received designation status in SFY12, program funds will be awarded for reimbursement toward *approved* costs

associated with enhancing Alaska's trauma service infrastructure in the same manner as SFY13 proposed programs.

Priorities for trauma funding will include in no particular order: trauma related equipment, training, personnel, improvement of trauma data collection, support for traumatic injury prevention programs, and other trauma specific related activities at the designated trauma center.

Examples of specific eligible costs include, but are not limited to: educational offerings culminating in an emergency medicine certificate, CEU or license; costs of personnel to maintain trauma designation, purchase of equipment that allows sustainable educational classes; injury prevention equipment or programs; rehabilitation equipment or programs; trauma equipment for the field or hospital; trauma telemedicine programs; or data collection or data infrastructure enhancement to include Trauma Registry personnel support.

Examples of costs that are NOT eligible for funding include items such as office supplies, land purchases, purchase or maintenance costs of vehicles, construction costs, and day-to-day operating expenses (fuel, rent, insurance payments, etc.).

The Department reserves the right to deny funding if the designated trauma center does not meet deliverables agreed to in the Cooperative Agreement.

## **V. APPLICATION PROCEDURE**

### **Application Submission**

The DHSS DPH Trauma Unit is available to assist in completing a quality application. Applications will be reviewed and approved for eligibility by the Trauma Unit Manager prior to submission to the Trauma System Review Committee. Submitting an application does not ensure funding from the Trauma Fund. The state reserves the right to reject any or all applications and is not liable for any costs incurred by the applicant. Any costs incurred in the preparation of the application shall be borne by the applicant.

Levels II-V designated by the State of Alaska shall be eligible for funding during SFY13. Deadline for submitting complete applications for BOTH SFY12 & SFY13 projects is close of business June 1, 2012. The Trauma Systems Review Committee will meet on June 14, 2012 to review applications and make funding recommendations to the DHSS Commissioner's office.

*Submit one (1) original application and three (3) copies. Incomplete, handwritten, late, or faxed applications will be rejected, as will letters of support submitted separately from the application. Documents cannot be replaced, deleted, or modified after submission to the Department.*

*Submit the completed application to:*

**Alaska Trauma Unit Manager  
Section of Emergency Programs  
3601 C Street, Suite 424  
Anchorage, AK 99503  
ATTN: Statewide Trauma System Development Funding Application**

Applications must be **typed** or **computer generated** on letter-sized paper with content described below. The original application must contain original signatures. **The Department will reject incomplete, handwritten, or faxed applications.**

A completed application must include the following:

A. Project Description: (A brief and concise description of your project)

- Be as specific as possible; for example: Our project is to conduct a 1 hour educational offering about bicycle safety at ABC Elementary School during Parent/Child Day, November 2<sup>nd</sup> and purchase 50 bike helmets to distribute during this event to children who are at risk for injury.
- Please indicate the proposed type of trauma system development project:
  - Community Education
  - Data Management
  - Personnel
  - Injury Prevention
  - Rehabilitation
  - Trauma Care Equipment—identify where the equipment is used—Emergency Department/Resuscitation/Operating Room/Critical Care; Radiology etc.
  - Trauma Quality Improvement
  - Trauma Related Professional Education
  - Trauma Research
  - Upgrading Service
  - Other--Describe

B. Project Analysis:

- Describe the problem this project addresses.
  - Example: Children whose parents cannot afford bike helmets or children who just do not wear bike helmets may sustain head injuries. Our Trauma Center treated 17 bike injury patients in 2011. Twelve children were not wearing helmets and sustained head injuries requiring transport to our hospital. Children need bike helmets and education to train them to wear helmets while riding bicycles.

C. Project logistics:

- A timeline for completion of each phase or section of the project.

D. Project impact:

- A description of how the project improves the State of Alaska's trauma system and infrastructure.
- Demonstrate how completion of the project will result in specific, measureable results and how these results will be reported to the Trauma System Review Committee.

E. Project specific letters of collaboration/support:

- Interested facilities show institutional commitment by demonstrating currency with the Alaska Trauma Registry at the time of application.
- If the project involves **other entities**, ex. school district, the collaborating entity must submit a letter of support for the project and describe their participation in the project. Each collaborative relationship specifically referred to in the application must be documented with a Letter of Collaboration from the partnering entity that describes mutual participation in the planning of the proposed activities, as well as capability and commitment to carry them out as delineated. Letters must address how the project will strengthen trauma system partnerships within the project area.

- No letters of collaboration/support will be considered if submitted separately from the application. Form letters are not recommended.

F. Summary Cost of Project:

- Add all projected costs of the project, for example: 1 hour of teaching at \$30.00, 2 hours to distribute bike helmets at \$30.00, and 25 bike helmets at \$10.00 each for \$250.00  
Project cost=\$310.00.
- Provide all cost estimating in a separate document clearly labeled with anticipated costs for SFY13. For those facilities eligible for SFY12 funding, those costs should be separated out by SFY.
- Costs are intended for direct services only; do not include administrative costs.

G. Budget Narrative:

- A budget narrative detailing specific expenditures.

## **VI. APPLICATION REVIEW, EVALUATION PROCESS AND CRITERIA**

All application projects will be reviewed, evaluated, and prioritized using evaluation criteria which includes, but is not limited to:

- Project service area
- Type of organization providing service
- Project description
- Project timeline
- Project's impact on the trauma system
- Total cost of the project including additional fiscal support from other sources
- Strength of letters of collaboration/support

## **VII. TRAUMA CENTER CONSULTATION PROCESS**

Trauma consultations and technical assistance provided by DHSS DPH Trauma Unit and members of the Trauma System Review Committee have helped Alaskan hospitals receive designations and their Trauma Care Fund disbursements. A consultative visit follows the same format as verification reviews for each trauma center, Levels I-V. Specific requirements are mandatory for each level of trauma center. The trauma consultation provides recommendations and aids the facility in attaining verification. A trauma consultation is not required prior to a verification review.

For hospitals seeking Level I, II or III trauma center designation, the ACS-COT will provide a hospital consultation visit at the request of a hospital to assess trauma care or to prepare for a verification review. The ACS-COT Consultation Program is designed to assist hospitals in the evaluation and improvement of trauma care and provide objective, external review of institutional capability and performance. A written report of the Trauma Consultative Review will be provided by the ACS-COT Trauma Consultative Team to the hospital. Hospitals are solely responsible for an ACS trauma consultation.

For hospitals or facilities requesting a Level IV or V trauma center consultation, the DHSS DPH Trauma Unit with members of the Trauma System Review Committee will perform an onsite consult. A written report will be provided by the Trauma Consultative Team to the facility. The team assesses commitment, readiness, resources, policies, patient care, performance improvement, and other relevant features of the program.

## **VIII. TRAUMA CENTER DESIGNATION PROCESS**

The designations shall be Level I, Level II, and Level III with Level I being the highest level of capability available. Determination of designation level shall be made by the Department and the Trauma System Review Committee based upon their ability to meet regulatory requirements. Designation criteria for trauma centers shall be established by the Department in accordance with the current edition of *Resources for Optimal Care of the Injured Patient*, by the American College of Surgeons. DHSS DPH designates trauma centers in the State of Alaska as referenced in 7 AAC 26.710- 7AAC 26. 745. The trauma center verification process for Level I, II and III trauma centers by the ACS confirms that the hospital is performing as a trauma center and meets the criteria contained in *Resources for Optimal Care of the Injured Patient*. Hospitals must perform up to the trauma designation level determined by the Department and Trauma System Review Committee.

Hospitals applying for Level I, Level II, or Level III designation shall present evidence of having current trauma center verification from the American College of Surgeons. The Department shall issue the designation with an expiration date consistent with the American College of Surgeons verification expiration date.

Hospitals/facilities applying for Level IV or Level V trauma center designation must submit an application to the Department. Once the application is approved by the Department and the Trauma System Review Committee, an onsite verification visit shall be conducted by the Department or its designee. The verification team shall compile a report. The application and report will be reviewed by the State Trauma System Review Committee. If approved, the Department shall issue the designation for up to three years to the facility consistent with the verification expiration date.

Level IV and V trauma centers do not receive verification through the American College of Surgeons; designation is through a state process. The standards for Levels IV and V are described in the current edition of the *Resources for Optimal Care of the Injured Patient* and criteria are defined by the State Trauma System Review Committee.

Hospitals are required to provide the Department with an application, indicating an interest in maintaining or increasing designation level. Within 30 days of receipt of the application, the Department shall provide written notification to the applicant hospital of the following:

- A. The application has been received by the Department;
- B. The Department accepts or rejects the application;
- C. If accepted, the date scheduled for hospital verification;
- D. If rejected, the reasons for rejection and a deadline for submission of the corrected "Application for Trauma Center Designation" to the Department.

The Department shall provide for the designation of the applicant hospital, provided that its application has been formally approved by the Department, on the date scheduled and indicated in the Department's acceptance letter to the applicant hospital, unless:

- A. The Department provides written notification with justification of change to the applicant hospital 14 days prior to the designation date; or
- B. The applicant hospital provides written request with justification for a change to the Department 30 days prior to the designation date;

### **Verification Report for Designation**

- A. The Verification Review Team (VRT) shall provide the Department with the written verification report of the on-site inspection within 30 days.



- B. Within thirty 30 days of receipt of the report from the VRT, the Department shall forward written findings and recommendations to the TSRC.
- C. The TSRC shall review the report of the VRT and render a recommendation to the Department within 30 days of receiving the report.
- D. The Department shall make the final determination of designation regarding each application upon consideration of all pertinent facts, including the recommendation of the TSRC within 30 days of receiving the application.

### **Types of Designation**

- A. **Full Designation.** The Department may grant full designation to any hospital or medical facility in full compliance with these regulations, subject to the review process described, for a period not to exceed 3 years.
- B. **Provisional Designation.** Provisional trauma center designations for Level I, Level II, or Level III trauma centers may be issued by the Department to hospitals with deficiencies identified by the American College of Surgeons and that are partially compliant with the trauma center standards. Hospitals must submit a plan of correction after notification of deficiencies that are identified by the verification team to the ACS-COT. The hospital must demonstrate that the criterion deficiencies have been corrected before a certificate is issued. The Department will not fully designate a hospital until the certificate is issued by the ACS-COT.
  - i. Provisional designation for Levels IV and V trauma centers may be issued by the Department to facilities with defined major deficiencies identified by the TSRC. The facility must submit a plan of correction after notification of deficiencies that are identified by the verification team to the TSRC. The facility must demonstrate that the criterion deficiencies have been corrected before a certificate is issued. The Department will not fully designate the facility until the identified major deficiencies are corrected.
- C. **Non-Designated Trauma Centers.** Any hospital that has not completed the Trauma Center Application Process or who has had their Trauma Center Designation revoked by the Department will be considered a Non-Designated Trauma Center. Such facilities shall not advertise nor hold themselves out to the public as a Designated Trauma Center as per 7AAC 26.710

### **Length of Trauma Center Designation**

- A. As per 7AAC 26.725, the department shall designate Trauma Centers Level I-IV (regulations for designation of Level V are pending) for a period not to exceed three years. An initial certification expires on December 31 of the third year following certification as a trauma center under 7AAC 26.720.
- B. Full designations shall remain active for three years provided no substantive changes or variances have occurred and that the designated Trauma Center continues to comply with statutes and regulations of the Department after receipt of the Trauma Center designation.
- C. Designated Trauma Centers may request designation by the Department at a level higher or lower than its current designation prior to the expiration date of that designated Trauma Center.

### **Trauma Center Designation Recertification**

- A. To renew a certification as a Level I, II or Level III trauma center, an applicant must comply with 7 AAC 26.730.
- B. To renew as a Level IV trauma center, the applicant must comply with 7 AAC 26.730(c).
- C. Recertification is valid for three years and is subject to renewal under 7 AAC 26.730.
- D. Designated Trauma Centers shall provide written notification to the Department 6 months prior to the designation expiration date of its intent to seek or not seek redesignation or designation at a level different from its original designation level. The Department will acknowledge receipt of such notification in writing within 30 days to the applicant hospital and begin the application.

- E. If a significant change in the designated trauma center's staffing or resource capabilities occurs at any time during the trauma center's designation period, an inspection may be conducted by the Department as needed to assure compliance with the regulatory requirements. If such inspection reveals that the trauma center may not be meeting regulatory requirements, the Department may require that the trauma center undergo a complete trauma center redesignation verification inspection prior to the next scheduled redesignation date.
- F. If the Department determines that a complete onsite inspection shall be conducted; the Department shall give the trauma center a minimum of thirty (30) days to prepare. If, prior to the trauma center's scheduled redesignation inspection date, a focused inspection or unscheduled inspection by the Department has been conducted, this review will not change the scheduled redesignation inspection date.

### **Process of Appeal for Failing Trauma Center Verification**

If the hospital applying does not agree with the review process for Level I-III, the VRT's findings, or the final report, it may appeal to the Verification Review Committee from the ACS-COT.

If a hospital or facility fails a Level IV or V trauma center verification site visit they shall have 30 days from the date of notification of the failure to appeal the decision in writing to the Department. The Department shall make a determination within three months of receipt of the appeal. The Department will provide the hospital with a written report of its decision. If the decision of the Department is unfavorable to the hospital, the hospital may request to be inspected for trauma center designation at another level but must pay all state administrative costs associated with the request.

### **Change in Trauma Center Designation Status**

A designated trauma center shall have the right to withdraw as a trauma center or to request a designation lower than its current designation level by giving a sixty (60) day written notice to the Department.

- A. A designated trauma center shall:
  - i. Notify the Department within ten (10) calendar days of occurrence if it is unable to comply with any of the standards for its level of designation and its reasons for non-compliance;
  - ii. Notify the Department if it chooses to no longer provide trauma services commensurate with its designation level.
  - iii. If the trauma center chooses to apply for a lower level of designation, the Department, at its discretion, may repeat all or part of the designation process in accordance with this regulation.

### **Trauma Center Revocation of Designation**

The Department may revoke designation of a trauma center if evidence exists that the facility does not meet the required trauma center standards as defined in 7AAC 26.740. The Department or a member of the Trauma System Review Committee may inspect any trauma center or applicant for trauma center designation at anytime for compliance with the standards. Designation shall be revoked if a facility denies or refuses inspection.

- A. Failure to follow an approved plan of correction or maintain trauma center designation standards will result in:
  - i. Revocation of the trauma center's designation.
  - ii. Notification to the Department regarding the failure to comply with state law.
  - iii. The department shall notify the hospital in writing of the impending notice fifteen (15) days prior to the notice.
- B. Hospitals that have been designated as Trauma Centers may have their designation status revoked for any of the following reasons:
  - i. Fraud or deceit in obtaining a certificate;
  - ii. Gross misconduct by personnel employed by or on contract with the trauma center;

- iii. Failure to maintain appropriate staffing or equipment, or otherwise failing to continue meeting criteria listed, if applicable, in *Resources for Optimal Care of the Injured Patient*
  - iv. Failure to comply with state law, including 7AAC 26.710-7 AAC 26.750.
- C. Hospitals having their Trauma Center Designation status revoked may reapply for trauma center designation after resolution of all issues related to the revocation and completion of a new trauma center designation process.

## **IX. AUDIT PARTICIPATION**

The Department requires that each participating hospital receiving Trauma Care Funds that is eligible for Disproportionate Share per the proposed State Regulation changes under 7AAC 150.180, submit the appropriate documentation to the DHSS Office of Rate Review and Medicaid for the appropriate reimbursement on behalf of the state.

The Trauma Care Fund is allocated by the Alaska Legislature, and any provider receiving reimbursement is subject to audit by the DHSS named designee. Each hospital can expect to be audited within two years after receiving monies from the Fund. Providers must present documentation of all activities related to internal collections; analysis, preparation and submission of claims; receipt and posting of monies; and ongoing efforts to comply with requirements. Providers found to be in violation of DHSS procedures may be subject to refunds, fines, and possible elimination of eligibility for Fund participation. It is the provider's responsibility to respond in a timely manner to audit requests. Providers will have an opportunity to review, comment and provide additional documentation to any audit findings.

### **Maintenance of Written Records and Audits**

- A. Applicants must maintain written records as required by applicable state and federal law and regulations, which demonstrate the nature and extent of the services or items provided, the medical necessity of said services or items that will support the payment for said services or items to produce, upon request, copies of all records maintained in accordance with this agreement to the Department of Health and Social Services, or its authorized agents, the Medicaid Fraud Control Unit with the State of Alaska Department of Law, or any other authorized governmental agency or agent.
- B. Applicants must comply with review and audit regulations as provided in state regulation.
  - i. Medicaid Providers are required to maintain records demonstrating the nature and extent of services provided to Medicaid recipients. Medicaid Providers are also required to provide records requested for audit purposes.
  - ii. An audit is an examination of records to confirm there is sufficient documentation that the covered service was delivered by an enrolled Medicaid provider for an eligible Medicaid recipient. It also determines that there is a reasonable basis for determining program compliance. This ensures that the Federal and State funds were spent appropriately.
  - iii. Enrolled Medicaid providers must allow the department or its designee, access to original financial, clinical and other records which document the care and services provided to Medicaid recipients. Providers must provide copies of original documentation (at no charge) to the department or their designee and by the date requested. If the records are not provided to the requestor, the department may deny payment or initiate recovery of payment.
  - iv. There are several types of audits that these records may be requested for:
    - a. Federal (Centers for Medicare and Medicaid Services, CMS):
      - Medicaid Integrity Program (MIP)
      - Payment Error Rate Measurement (PERM)
    - b. State Department of Health and Social Services, and their contractors:
      - Audits under Alaska Statute 47.05.200 (currently Myers and Stauffer)
      - Surveillance, Utilization, and Review (SUR) Affiliated Computer Services

- Self audits requested by DHSS Program Integrity
  - Medicaid Recovery Audit Contractor (RAC)
- c. State Department of Law Medicaid Fraud Control Unit
- C. Applicants must keep financial, clinical, and other records necessary to support the care and services for which payment is requested and fully disclose the extent of services or items furnished to recipients under Alaska's Medical Assistance programs and any information regarding payments claimed for those services or items. On request, the records and information will be made available to the Alaska Department of Health and Social Services or its authorized representatives to include the federal grantor agency (Department of Health and Human Services), the Comptroller General of the United States, the Alaska Medicaid Fraud Control Unit, or any of their fully authorized representatives.

## **X. DEFINITIONS**

- A. **"Advanced Trauma Life Support (ATLS)"** means the most current edition of the course as developed by the American College of Surgeons – Committee on Trauma, or its equivalent, as determined by the department.
- B. **"Commissioner"** means the State Commissioner of Health and Social Services
- C. **"Department"** means the State Department of Health and Social Services
- D. **"Designated Trauma Center"**: A hospital designated by DPH/DHSS as a trauma center that provides care to trauma patients. Trauma centers in the Alaska Trauma System care for a variety of injured patients. These patients are provided immediate resuscitation and stabilization, and definitive acute care. There are rules and regulations mandated by the DPH/DHSS with which compliance is necessary to be a designated trauma center. Trauma patients are cared for at these trauma centers regardless of that patient's financial status. The multi-disciplinary approach follows the patient throughout the continuum of care from pre-hospital to rehabilitation. Trauma centers work to continually improve critical elements of trauma care. The trauma centers are required to maintain a trauma registry with up-to-date information. This registry provides assistance in the performance improvement process.
- E. **"Emergency Medical Services"** means the system of personnel who provide medical care from the time of injury to hospital admission.
- F. **"Major trauma patient"** means any patient that meets the criteria of the field triage decision scheme provided by the American College of Surgeons, committee on trauma, as published by the most current edition of the *Resources for Optimal Care of the Injured Patient*.
- G. **"Provisional designation"** means a state process of designating a facility as a trauma center based on American College of Surgeons or department standards for a period determined by the department and the State Trauma System Review Committee.
- H. **"Trauma"** means tissue damage caused by the transfer of thermal, mechanical, electrical, or chemical energy, or by the absence of heat or oxygen.
- I. **"Trauma Care Fund"**: The separate fund established pursuant to this regulation for the department to create and administer the State Trauma System.
- J. **"Trauma quality improvement program"** means a system of evaluating the prehospital, trauma center, and rehabilitative care of trauma patients.
- K. **"Trauma registry"** includes the collection and analysis of trauma data from the trauma system.
- L. **"Trauma team"** includes a group of health care professionals organized to provide care to the trauma patient.
- M. **"Trauma Care Facility" (or "Trauma Center")**: a facility that has made a commitment to serve the trauma patient, has met the standards of the trauma system, and has obtained designation as a trauma center. A facility that has been designated by DPH/DHSS to perform specified trauma care services pursuant to standards adopted by 7 AAC 26.710. Participation in this designation by each facility is voluntary.

- N. **“Trauma Patient”**: A patient who is present at a trauma center; whose condition is qualified for entry into the hospital’s Trauma Registry, as defined by 7 AAC 26.745; and who is included in the Trauma Registry.
- O. **“Trauma Unit”**: means DPH, DHSS Emergency Programs Trauma Unit
- P. **"Uncompensated care"** means care provided for which expected payment was not received from the patient or insurer or any other identified payor source. Uncompensated care is the sum of a distribution entity’s bad debt and charity care.
- Q. **“Verification”**: The Department's inspection of a participating facility in order to determine whether the facility is capable of providing a designated level of trauma care.

**The Trauma Care Fund Application  
Begins on the next page**

**Please return typewritten or computer  
generated application to the  
Department of Health & Social Services  
Division of Public Health —  
Section of Emergency Programs**

**Attention:**

**State Trauma Unit Manager  
3601 C Street, Suite 424  
Anchorage, AK 99503**



**ALASKA TRAUMA CARE FUND APPLICATION**  
*for*  
**TRAUMA SYSTEM DEVELOPMENT**  
State Fiscal Year 2013  
01 July 2012 – 30 June 2013

**Due Date:**  
**June 29, 2012**

**AMOUNT REQUESTED \$**

Instructions: Every question must be answered. If a section does not apply to your organization, put N/A in the blank. Send one (1) original application with original signatures and three (3) copies to the following address. Applications must be in the Section of Emergency Programs office by 5:00p.m. June 29, 2012. The Department will reject INCOMPLETE, HANDWRITTEN, LATE, OR FAXED APPLICATIONS. Documents cannot be replaced, deleted, or modified after submission to the Department.

Alaska Trauma Unit Manager  
Section of Emergency Programs  
3601 C Street, Suite 424  
Anchorage, Alaska 99503  
907-334-2175

If you have any questions, or need assistance with the application process, please contact the Trauma Unit Manager at the address above.

**Applying Agency/Organization**

**Agency Name:**

**Address:**

Street / Mailing Address

**City State Zip +4**

**Applicant/Contact:**

**Contact Person for this Application**

**Title**

**Telephone #**

**Fax Phone #**

**E-mail Address**

**Fiscal Agent:**

**Hospital / Other**

Address:	Street / Mailing Address			
	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
	City	State	Zip	+4
	<input type="text"/>	<input type="text"/>		
Contact Person:	Name		Title	
	<input type="text"/>	<input type="text"/>	<input type="text"/>	
	Telephone #	Fax Phone #	E-mail Address	

**Proposed trauma system development project:** (check all that apply)

- |  |  |
|--|--|
| <input type="checkbox"/> Community Education   | <input type="checkbox"/> Trauma Quality Improvement              |
| <input type="checkbox"/> Data Management       | <input type="checkbox"/> Trauma Related Professional Education   |
| <input type="checkbox"/> Injury Prevention     | <input type="checkbox"/> Trauma Research                         |
| <input type="checkbox"/> Personnel             | <input type="checkbox"/> Upgrading Service                       |
| <input type="checkbox"/> Trauma Care Equipment | <input type="checkbox"/> Other: Please list <input type="text"/> |

<b>A. Project description</b>
<input type="text"/>

<b>B. Project analysis</b>
<input type="text"/>

<b>C. Project logistics</b>
<input type="text"/>

#### D. Project Impact



#### E. Letters of Collaboration/Support

Letters of collaboration or support **must be submitted with your application.** No letters of collaboration and/or support will be considered if submitted separately from the application. Letters must address how the project will strengthen trauma system partnerships within the project area. See page 7 for more information about letters of collaboration/support.

#### F. Costs of Project

Attach a separate document that includes a budget listing specific expenditures and any matching contributions. For those facilities whom received a designation in SFY12 and are eligible for SFY13 funding, those costs should be separated out by SFY.

#### G. Budget Narrative





<b>H. Prioritization</b>
<div></div>

## **ASSURANCES**

The following are required assurances associated with your Statewide Trauma System Development Funding project for Fiscal Year 2013:

- We agree that funds received through this distribution will be used only for the purposes stated in the application and under the conditions expressed in the resultant MOA or its approved amendment(s);
- We agree that we will provide additional support and involvement either by cash and/or in kind contributions as described in this application;
- We understand and agree to comply with all applicable requirements of the Alaska Department of Health and Social Services;
- We agree that the information contained in this application is true and correct to the best of our knowledge; and,
- We agree to participate in trauma planning committees as referenced on Page 4, Accountability.

Project Coordinator	Person Authorized to sign agreement:
Name: <input type="text"/>	Name: <input type="text"/>
Title: <input type="text"/>	Title: <input type="text"/>
Address: <input type="text"/>	Address: <input type="text"/>
City, State, Zip: <input type="text"/>	City, State, Zip: <input type="text"/>
Telephone: <input type="text"/>	Telephone: <input type="text"/>
Cellular: <input type="text"/>	Cellular: <input type="text"/>
Fax: <input type="text"/>	Fax: <input type="text"/>
Email: <input type="text"/>	Email: <input type="text"/>
Signature :	Signature:
Date : <input type="text"/>	Date: <input type="text"/>

Alternate Contact Person	Medical Director or Program Director (required for project as per scope of practice)
Name: <input type="text"/>	Name: <input type="text"/>
Title: <input type="text"/>	Title: <input type="text"/>
Address: <input type="text"/>	Address: <input type="text"/>
City, State, Zip: <input type="text"/>	City, State, Zip: <input type="text"/>
Telephone: <input type="text"/>	Telephone: <input type="text"/>
Cellular: <input type="text"/>	Cellular: <input type="text"/>
Fax: <input type="text"/>	Fax: <input type="text"/>
Email: <input type="text"/>	Email: <input type="text"/>
Signature :	Signature:
Date : <input type="text"/>	Date: <input type="text"/>



**STATE OF ALASKA TRAUMA CARE FUND**  
*for*  
**TRAUMA SYSTEM DEVELOPMENT**  
 Request for Applications  
 State Fiscal Year 2013  
 01 July 2012 – 30 June 2013

## APPLICANT CHECKLIST

Please review the following checklist to assure that you have addressed pertinent information and included required additional pages with your application.

Have you completed or included in your application:	YES	NO
1. Requested funding amount indicated in the space provided on Trauma Care Fund Application page 1	<input type="checkbox"/>	<input type="checkbox"/>
2. Proper applying agency/organization contact information	<input type="checkbox"/>	<input type="checkbox"/>
3. Fiscal agent information	<input type="checkbox"/>	<input type="checkbox"/>
4. Indication of service area of project	<input type="checkbox"/>	<input type="checkbox"/>
5. Type of Agency / Service / Organization	<input type="checkbox"/>	<input type="checkbox"/>
6. The type of project	<input type="checkbox"/>	<input type="checkbox"/>
7. Project description (section A)	<input type="checkbox"/>	<input type="checkbox"/>
8. Project analysis (section B)	<input type="checkbox"/>	<input type="checkbox"/>
9. Project logistics (section C)	<input type="checkbox"/>	<input type="checkbox"/>
10. Project impact (section D)	<input type="checkbox"/>	<input type="checkbox"/>
11. A project cost and budget narrative (sections F & G)	<input type="checkbox"/>	<input type="checkbox"/>
12. Prioritization of project (section H)	<input type="checkbox"/>	<input type="checkbox"/>
13. Letters of collaboration/support if required (section E)	<input type="checkbox"/>	<input type="checkbox"/>
14. Original signatures on the assurance page	<input type="checkbox"/>	<input type="checkbox"/>